

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90404 035 ***150.00

DOCUMENT # P00000096323

1. Entity Name

MULTIMEDIA, INFORMATION & SERVICES, INC.

Principal Place of Business

Mailing Address

**4204 SW 14TH STREET APT 1
 MIAMI FL 33134**

**4204 SW 14TH STREET APT 1
 MIAMI FL 33134**

2. Principal Place of Business

3. Mailing Address

4204 SW 14th St
 Suite, Apt. #, etc.

4204 SW 14th St
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number

65-1051193

Applied For

Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLINAR, PEDRO M
 6701 SUNSET DRIVE STE 100
 MIAMI FL 33143**

Name **Gallinar, Pedro**

Street Address (P.O. Box Number is Not Acceptable)
6701 Sunset Drive Ste 100

City **Miami**

FL

Zip Code
33143

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HERNANDEZ, MARIO**
 CITY-ST-ZIP **4204 SW 14TH STREET APT 1
 MIAMI FL 33134**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PRIETO, GLADYS**
 CITY-ST-ZIP **4204 SW 14TH STREET APT 1
 MIAMI FL 33134**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01

Date

305 567 1833

Daytime Phone #

CR2E034 (10/00)